

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 9, 2003.

### **I. DISPUTE**

Whether there should be reimbursement for CPT Codes 99213, 99213-MP, 97250, 97035, 97014, 97010, 99205, 20550, 20605, and HCPCS Codes J2000, A4209, J1030, J3490, A4209, L3908 for dates of service June 06, 2002 through July 23, 2002.

### **II. FINDINGS**

Per Rule 133.305(d)(1) dates of service June 6, 2002 is outside the one-year filing deadline and outside the jurisdiction of Medical Dispute Resolution and cannot be reviewed.

### **III. RATIONALE**

- The respondent submitted EOBs that showed payment for some of the dates of service and denied other dates of service as “R – Not related to the compensable injury”. A review of the Commission database reveals that a TWCC-21 was not filed disputing compensability. A review of the records submitted by the requestor reveals that relevant information for the disputed dates of service was not submitted per Rule 133.307(g)(3)(B). Therefore, reimbursement is not recommended.

### **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT codes 99213, 99213-MP, 97250, 97035, 97014, 97010, 99205, 20550, 20605, and HCPCS Codes J2000, A4209, J1030, J3490, A4209, L3908.

The above Findings and Decision is hereby issued this 23rd day of April 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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